

**Maricopa County Department of Public Health Dietetic Internship (MCDPHDI)**  
**Arizona WIC Program**  
**Declaration of Intent**

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Applicant Name:

WIC Local Agency Name:

Hire Date:

Dietetic Internship Period:      From: \_\_\_\_\_ To: \_\_\_\_\_

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The Arizona WIC Program supports workforce development activities in Local WIC Agencies in an effort to increase the number of Registered Dietitians (RDs) by supporting up to six WIC staff annually who complete the Arizona WIC Track dietetic internship to become Registered Dietitians.

This Declaration of Intent indicates the plans of the Arizona WIC Program employee to apply for the MCDPHDI Arizona WIC Track Program. This Declaration of Intent also indicates the support of applicant's Local WIC Agency for the employee's application to the MCDPHDI.

If the Arizona WIC Employee is accepted to the MCDPHDI Arizona WIC Track Program, a required Letter of Agreement must be signed and notarized by both parties before the employee begins the internship program.

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Typed or Printed Name of Applicant to MCDPHDI

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Signature of Applicant to MCDPHDI

Date:

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Typed or Printed Name of Local WIC Agency Health Officer/Executive Director

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Signature of Local WIC Agency Health Officer/Executive Director

Date: